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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional) <b>80121-06507</b>
I hereby declare that: My residence and mailing address and citizenship are stated below next to my name. I am authorized to act on behalf of the following assignee: <u>Origin Medsystems, Inc.</u> and the title of my position with said assignee is: <u>Assistant Secretary</u> The entire title to the patent identified below is vested in said assignee.		
Name of Patentee(s): <b>Stephen A. Morse, Peter L. Callas, Georffrey A. Orth, Andrew G.C. Frazier, Albert K. Chin</b>		
Patent Number <b>5,984,937</b>	Date of Patent Issued <b>November 16, 1999</b>	
Title of Invention <b>Orbital Dissection Cannula and Method</b>		
I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled <u>Orbital Surgical Cannula and Method</u> the specification of which <input checked="" type="checkbox"/> is attached hereto. <input type="checkbox"/> was filed on _____ as reissue application number _____ / _____ and was amended on _____ (If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input checked="" type="checkbox"/> by reason of a defective specification or drawing. <b>See paragraph 2 below</b> <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <b>See paragraph 1 below.</b> <input type="checkbox"/> by reason of other errors. At least one error upon which reissue is based is described as follows: <b>1. Applicants failed to appreciate broader scope of the invention including other (rod-like or shaft-like instruments) or endoscopic instruments with operative tips as disclosed in the specification, claims and drawings as filed.</b> <b>2. Spelling errors in the specification and Abstract.</b> All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.		

[Page 1 of 4]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

JC555 U.S. PTO  
10/001416  
11/15/01

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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. Name(s) <span style="float: right;">Registration Number</span> <b>Albert C. Smith</b> <span style="float: right;"><b>20,355</b></span>					
Correspondence Address: Direct all communications about the application to: <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> Customer Number           <div style="border: 1px solid black; padding: 2px 10px; margin: 0 10px;">00758</div> <div style="font-size: 2em;">→</div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 150px;">             Place Customer Number Bar Code Label Here           </div> </div> <div style="text-align: center; margin-top: 5px;"> <i>Type Customer Number Here</i> </div> </div> <div style="text-align: center; margin-top: 10px;">OR</div> <div style="display: flex;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> <input type="checkbox"/> Firm or Individual Name         </div> <div style="border: 1px solid black; flex-grow: 1;"></div> </div>					
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Telephone				Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of person signing (given name, family name) <b>EARL A. BRIGHT II</b>					
Signature				Date <b>11/13/01</b>	
Address of Assignee <b>Origin Medsystems, Inc. 1525 O'Brien Drive, Menlo Park, CA 94025</b>					
Patentee <b>Steven A. Morse</b>				Citizenship <b>U.S.A.</b>	
Residence/Mailing Address <b>744 Forest Avenue, Palo Alto, CA 94301</b>					
Patentee <b>Peter L. Callas</b>				Citizenship <b>U.S.A.</b>	
Residence/Mailing Address <b>767 3rd Avenue, Redwood City, CA 94063</b>					
<input checked="" type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.					

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Full name of person signing (given name, family name)					
Signature				Date	
Address of Assignee					
Patentee <b>Geoffrey Orth</b>				Citizenship <b>U.S.A.</b>	
Residence/Mailing Address <b>9145 St. James Place, Windsor, CA 95492</b>					
Patentee <b>Andrew Frazier</b>				Citizenship <b>U.S.A.</b>	
Residence/Mailing Address <b>1046 10th Avenue, Redwood City, CA 94063</b>					
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Full name of person signing (given name, family name)							
Signature				Date			
Address of Assignee							
<b>Patentee</b> <b>Albert K. Chin</b>				<b>Citizenship</b> <b>U.S.A.</b>			
<b>Residence/Mailing Address</b> <b>2021 Newell Road, Palo Alto, CA 94303</b>							
<b>Patentee</b>				<b>Citizenship</b>			
<b>Residence/Mailing Address</b>							
<input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.							